BEST AVAILABLE COPY

Effective October 1, 2000												
			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			90				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			90 minus 20=		.70			X\$ 9=	630	OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		4		ſ	X40=	160	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						-	TOTAL	1145	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	-	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F CLAIM	=		X40=		OR	X80=	
<u>L</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
	•						L	TOTAL DDIT. FEE	-	OR	TOTAL ADDIT. FEE	
	,	(Column 1)		(Colu	mn 2)	(Column 3)	_ AL	יווט רבב ן			ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	is.	HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CL AIM	=		X40=		OR	X80=	
┞	FINO! PRESE	NIATION OF M	OCTIFEE DEF	ENDEN	CLAIIVI		¹	+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2) (Column 3)			-	DDIT. FEE				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Ţ	X\$ 9=		OR	X\$18=	· ·
	Independent	*	Minus	***		=	 	X40=			X80=	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
f	The "Highest Nur	nher Previously Pa	aid For" (Total o	r Indenend	dent) is the	e highest numbe	ar foun	d in the ani	propriate bo	x in co	lumn 1.	